

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769565 (3)

1. Corporation Name

SENIOR P.G.A. TOUR SPONSORS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13000 SAWGRASS VILLAGE CIRCLE  
STE 6  
PONTE VEDRA FL 32082  
US

P.O. BOX 1535  
PONTE VEDRA FL 32004-1535  
US

3. Date Incorporated or Qualified  
07/26/1983

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 13000 Sawgrass Village Circle

26 13000 Sawgrass Village Circle

4. FEI Number  
59-2483547

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
Suite 37

27 Suite, Apt. #, etc.  
Suite 37

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
Ponte Vedra, FL

28 City & State  
Ponte Vedra, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip  
32082

25 Country

29 Zip  
32082

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT M BURRIS  
13000 SAWGRASS VILLAGE CIRCLE  
STE 6  
PONTE VEDRA FL 32082

81 Name  
Chuck Wielgos  
82 Street Address (P.O. Box Number is Not Acceptable)  
13000 Sawgrass Village Circle  
83  
Suite 37  
84 City  
Ponte Vedra FL 85 Zip Code  
32082

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Chuck Wielgos*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	BELKNAP NEIL	
STREET ADDRESS	7281 LONE PINE DR STE 202	
CITY-ST-ZIP	RANCHO MURIETA CA	
TITLE	PD	DELETE
NAME	SALESKI, MARY ANN	
STREET ADDRESS	430 SWEDES FORD ROAD	
CITY-ST-ZIP	MALVERN PA	
TITLE	TD	DELETE
NAME	RUSSELL JACK	
STREET ADDRESS	25 MELVILLE PARK RD	
CITY-ST-ZIP	MELVILLE NY	
TITLE	D	DELETE
NAME	SACK, ROBERT	
STREET ADDRESS	233 E. FULTON #104	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	D	DELETE
NAME	HALLMAN, GENE	
STREET ADDRESS	1200 CORPORATE DR STE 410	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VD	DELETE
NAME	MELE, PETER	
STREET ADDRESS	1861 SUDBURY RD	
CITY-ST-ZIP	CONCORD MA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cramer, Hollis
4.3 STREET ADDRESS	8990 Springbrook Drive
4.4 CITY-ST-ZIP	Coon Rapids, MN 55448
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chuck Wielgos
5.3 STREET ADDRESS	13000 Sawgrass Village Circle
5.4 CITY-ST-ZIP	Suite 37 Ponte Vedra Beach, FL 32082
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chuck Wielgos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

904-285-6650

Daytime Phone #

CR2E037 (12/95)